

(1) A careful family and personal history of the patient. If the patient have a tubercular diathesis one would think of a beginning tuberculosis of the kidney. A rheumatic diathesis or previous attacks of renal colic would indicate nephrolithiasis.

(2) Microscopic examination of the urine is of importance indirectly in that tuberculosis and nephrolithiasis can be diagnosed or excluded; and directly in that the tumor-cells are frequently found.

(3) Palpation is of but little value except in those cases in which the tumor begins in the lower end of the kidney. The healthy kidney sometimes hypertrophies, owing to increased functional activity, and might easily be mistaken for a tumor.

(4) The use of the cystoscope is very limited. It can be of use only in cases of hæmatinuria when the hæmorrhage is not so profuse that it makes the fluid in the bladder opaque before the ureters can be found, and even if we see blood coming from one ureter we are not sure that it is not caused by hyperæmia of the healthy kidney.

(5) The last resort is an exploratory incision which should be made in the lumbar region. The kidney can be more carefully examined than by the abdominal incision, and statistics show a smaller mortality after removal. If the kidney be found normal, the wound may be closed and the other kidney examined or removed.—*Archiv für klinische Chirurgie*, Band. XLIX, Heft 2.

GEORGE R. WHITE (New York).

II. Catheterization of the Male Ureters. By Dr. MAX NITZE (Berlin). It has been proven fairly easy to catheterize the female ureters, as Pawlik and Kelly have shown.

In man the case is different. Brenner, Poirier, and Boisseau du Rocher have not been able by their methods to catheterize the male ureter with any degree of certainty.

We can see the mouths of the ureters so clearly with the cystoscope that it seems as though it would be very easy to introduce an instrument under the guidance of the cystoscope. In the woman, when a small sound is carried in alongside of the cystoscope, it is

very easy to introduce it with the aid of the eye into the ureteral opening. But farther than this opening it cannot be made to pass, because after this the ureter takes a direction different from that of the sound, the two forming an obtuse angle. On the other hand, it is very easy to pass an elastic catheter into the ureter if it can be started in at the proper angle. This can be accomplished by shoving the catheter through a hollow sound as far as the ureteral opening. Thus an elastic catheter can be very easily passed under the guidance



Catheterization of male ureter.

of the eye. In man this is not so easily accomplished, because here it is not possible to introduce the proper curved sound alongside of the cystoscope.* It is easy enough when this hollow sound is made fast to the cystoscope in a case in which it is movable. This is what Nitze has done. When the hollow sound is shoved out as far as it will go, it fits spoon-fashion into the beak of the cystoscope. In this position the instrument is introduced into the bladder without any trouble. The curved tube is then drawn back a little, as shown

in the figure. The eye then sees the catheter projecting from the opening in the tube, and its entrance into the ureter can easily be controlled. The rubber catheter can then be pushed in even as far as the pelvis of the kidney.

Nitze has been surprised to see how easily the operation can be performed, even under difficulties such as the presence of an enlarged prostate. The patient experiences no pain, and no damage is done.

It is of especial importance that in this manner not only can the ureter be catheterized, but by a simple manipulation it is possible in all cases, after the catheter has been introduced to the desired depth, to withdraw the metal instrument and leave the rubber catheter in place.—*Centralblatt für Chirurgie*, No. 9, 1895.

J. P. WARBASSE (Brooklyn).

FEMALE GENITO-URINARY ORGANS.

I. Operative Treatment of Myomata during Pregnancy and Parturition. By Dr. APPELSTEDT (Göttingen). The author reports the case of a pregnant woman, thirty-three years old, primipara, seen first in the ninth month of pregnancy, in whom a large fibroid occupied the pelvis and formed an impassable obstruction to the birth of the child. She was kept in the hospital until labor began, when the child and uterus were removed by Porro's operation. Mother and child both lived. The mother did not secrete any milk, which may or may not have been due to the removal of the uterus and adnexa.

The best method of treating myomata complicating pregnancy is discussed at length.

Abortion during the early months of pregnancy should never be attempted. The presence of the tumor makes it difficult to empty the uterus, which is usually found to be very tolerant of the ordinary methods of producing abortion. Moreover, the part of the uterus under a myoma is not capable of undergoing normal retraction, and severe hæmorrhage is apt to occur after the placenta is detached. Hellwig and Meyer have reported fatal cases from sepsis. Even if